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|---|----------------------------------|---|----------------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2008</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |                                  | Docket Number (Optional)<br>59559-8017.US01 |                                  |
| Application Number      10/040,254    Conf. # 9462  |                                  | Filed      January 4, 2002                  |                                  |
| For <b>METHOD AND APPARATUS EMPLOYING ANGLED SINGLE ACCELEROMETER SENSING MULTI-DIRECTION MOTION</b>  |                                  |   |                                  |
| Art Unit      2629  |                                  | Examiner      Jeffrey J. Piziali            |                                  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                                  |   |                                  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                                  |   |                                  |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1))    | Fee<br>\$120                                | Small Entity Fee<br>\$65      \$ |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))   | \$460                                       | \$245      \$                    |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) | \$1050                                      | \$555      \$ 555.00             |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))  | \$1640                                      | \$865      \$                    |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))  | \$2230                                      | \$1175      \$                   |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |                                  |   |                                  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |                                  |   |                                  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |   |                                  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                                  |   |                                  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2207</u> . I have enclosed a duplicate copy of this sheet. |                                  |   |                                  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  |                                  |   |                                  |
| I am the <input type="checkbox"/> applicant/inventor.   |                                  |   |                                  |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                                  |   |                                  |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>59,141</u>  |                                  |   |                                  |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                                  |   |                                  |
| <br>_____<br>Signature   |                                  | <u>7/2/2009</u><br>_____<br>Date            |                                  |
| Yenyun Fu<br>_____<br>Typed or printed name   |                                  | (650) 838-4306<br>_____<br>Telephone Number |                                  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |                                  |   |                                  |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |                                  |   |                                  |